



# Medicaid Information Bulletin

October 2002



## Non-Traditional Medicaid Plan

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\* All NTMP Providers include the following:

Audiologist	Physical Therapy
Certified Nurse	Physician
Midwife	Podiatrist
Chiropractor	Psychologist
Dentist	Rural Health Clinic
Home Health Agency	Speech - Language
Hospice	Substance Abuse
Hospital (ESRD;	Treatment
Free-standing	Targeted Case
Surgical Center)	Management for:
Laboratory and X-Ray	AIDS Patients;
Medical	Chronically Mentally
Transportation	Ill; Homeless
Medical Supplier	Persons; Substance
Mental Health Center	Abuse Services
Occupational Therapy	Vision Care
Oral Surgeon	
Pharmacist	

### 02 - 120 Notice to Providers of Services for the Non-traditional Medicaid Plan

The Non-traditional Medicaid Plan Section of the Utah Medicaid Provider Manual states, "Providers of Non-Traditional Medicaid services are responsible for compliance with Medicaid policy and requirements as set forth in the Medicaid Provider Agreement, the Utah Medicaid Provider Manual, Medicaid Information Bulletins, and this Section for Non-traditional Medicaid Services. Compliance includes all requirements of SECTION 1 of the Utah Medicaid Provider Manual; SECTIONS 2, 3, 4, and/or 5 as appropriate for the type of service; and any special attachments to the specific provider manual." [Reference: Utah Medicaid Provider Manual, Non-traditional Medicaid Plan, Chapter 1, SERVICES]

The NTMP section of the Medicaid Information Bulletin sets ADDITIONAL limitations for each type of service covered under the Non-Traditional Medicaid Plan.

### Updating Non-traditional Medicaid Plan Policy

The NTMP Section will be updated by NTMP Bulletins, typically issued quarterly with the Medicaid Information Bulletin. When the NTMP Section is updated, the on-line version will also be updated. Providers can obtain a copy of an updated page, or the entire NTMP Section, by using the web site or by contacting Medicaid Information. When pages are updated, the revision date appears at the top of the page. The change is typically marked in the left margin of the page with a vertical line.

### Non-traditional Medicaid Plan On-Line

The Medicaid Provider's web site [[www.health.state.ut.us/medicaid/html/provider.html](http://www.health.state.ut.us/medicaid/html/provider.html)] has a link to the NTMP Section. The link is a heading in bold print. Or go directly to [www.health.state.ut.us/medicaid/ntmp.pdf](http://www.health.state.ut.us/medicaid/ntmp.pdf)

World Wide Web: [www.health.state.ut.us/medicaid](http://www.health.state.ut.us/medicaid)

### Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

### Requesting a Medicaid publication?

Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing  
Box 143106, Salt Lake City UT 84114-3106

## 02 - 121 NTMP: Co-payment for Outpatient Hospital Services

A \$3 co-payment is required for outpatient hospital services, including free standing surgical center services, for clients enrolled in the Non-Traditional Medicaid Plan. The NTMP Section is updated in two places:

- Chapter 1 - 3, Co-payments, (page 4). Add “outpatient hospital services, including free standing surgical center services”, to the list of services that require a co-pay.
- The Benefit Chart for Non-Traditional Medicaid Plan, **Type of Service** - Hospital (page 1). Add “Outpatient: \$3 co-pay” to the third column titled **Co-pay**. ○

## 02 - 122 NTMP, Vision Program: New and Established Patients

Beginning October 1, 2002, the Non-Traditional Medicaid Plan will cover vision codes 92004, new patient, comprehensive service, and 92014, established patient, comprehensive, one or more visits. The NTMP Section, Chapter 2 - 9, Vision Care, (page 13), item 1 is revised to read as follows:

1. Covered Services for Vision Care
  - a. Eye refractions/examinations.
  - b. Covered CPT Procedure Codes are: 92002, 92004, 92012, 92014 ○

## 02 - 123 NTMP, Podiatry: Limited Services to Adults Restored

As implemented, the NTMP covered podiatry services only for pregnant women. However, effective October 1, 2002, certain services will be covered for all Non-Traditional Medicaid clients. The NTMP Section, Chapter 2 - 8, Podiatry Services, (page 13) is revised to read as follows:

“Podiatry services are covered consistent with Traditional Medicaid services. Refer to the Utah Medicaid Provider Manual for Podiatry Services, SECTION 2, Podiatric Services.” ○

## 02 - 124 NTMP, Pharmacy Services, OTC Approved Products

OTC products approved for NTMP are listed below. This list replaces the list dated July 2002 in the NTMP Section, Chapter 2 - 19, Pharmacy Services, item 5, OTC Approved Products (page 19).

\* Brand names will be paid only when listed below as payable; these are marked with an asterisk (\*).

(Not in N.H.) means “Not allowed for resident of a nursing home or long term care facility.”

- acetaminophen (Not in N.H.)
- Actifed\* and generic equivalent
- antacid liquid and tablets (Not in N.H.) (Mylanta NOT covered)
- aspirin including enteric coated, buffered (Not in N.H.)
- Benadryl generic equivalent only
- bisacodyl tablets and suppositories (Not in N.H.)
- Contraceptive creams, foams, tablets, sponges, and condoms
- DSS caps, liquid, and syrup and concentrate drops 5%, (Na<sup>+</sup> or Ca<sup>++</sup> salt) (Not in N.H.)
- Gyne-Lotrimin generic equivalent only
- hydrocortisone cream, ointment
- ibuprofen (Not in N.H.)
- Imodium AD generic equivalent only (Not in N.H.)
- insulin
- Lotrimin, Lotrimin AF generic equivalent only
- milk of magnesia (Not in N.H.)
- Monistat-7 generic equivalent only
- Nix generic equivalent only
- Pepcid AC generic equivalent only (package size > 50)
- pseudoephedrine HCL 30mg, 60mg
- psyllium muciloid powder
- Rid\* and generic equivalent
- Robitussin, generic equivalent only
- Robitussin DM generic equivalent only
- Tagamet HB generic equivalent only (package size > 30)
- Triaminic generic equivalent only
- triple antibiotic ointment 15gm
- Zantac 75 generic equivalent only (package size > 20)

NOTE!! If there is no generic equivalent available, then there is no coverage. OTCs NEED A PRESCRIPTION - OTC products that are covered require a written prescription just like legend drugs in order for the pharmacy to fill them. Clients must present a Medicaid card and a prescription. Items on this list count against the 7 prescription limits guidelines. ○

World Wide Web: [www.health.state.ut.us/medicaid](http://www.health.state.ut.us/medicaid)

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